



2024 **Legislative** End-of-Year Update

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FSMB's Advocacy Office

FSMB offers state medical boards a variety of legislative and advocacy services, including:

- State and Federal legislative and regulatory tracking and oral/written testimony
- State-by-State Key Issue Comparison Charts
- Coordinating meetings with Congressional offices and Federal agencies

FSMB Advocacy Network News

- Weekly e-newsletter providing legislative and regulatory news and tracking on state and Federal issues





Trends in State Legislation



How many state legislative bills did FSMB track in 2024?

1,800

2,100

1,500

1,200



How many state legislative bills did FSMB track in 2024?





Which state has the most bills being tracked by FSMB?

Tennessee

Missouri

California

New Jersey



Which state has the most bills being tracked by FSMB?



New Jersey



Which was the most common bill topic tracked in 2024?

Board Structure
and Function

Pain
Management/
Prescribing
Practices

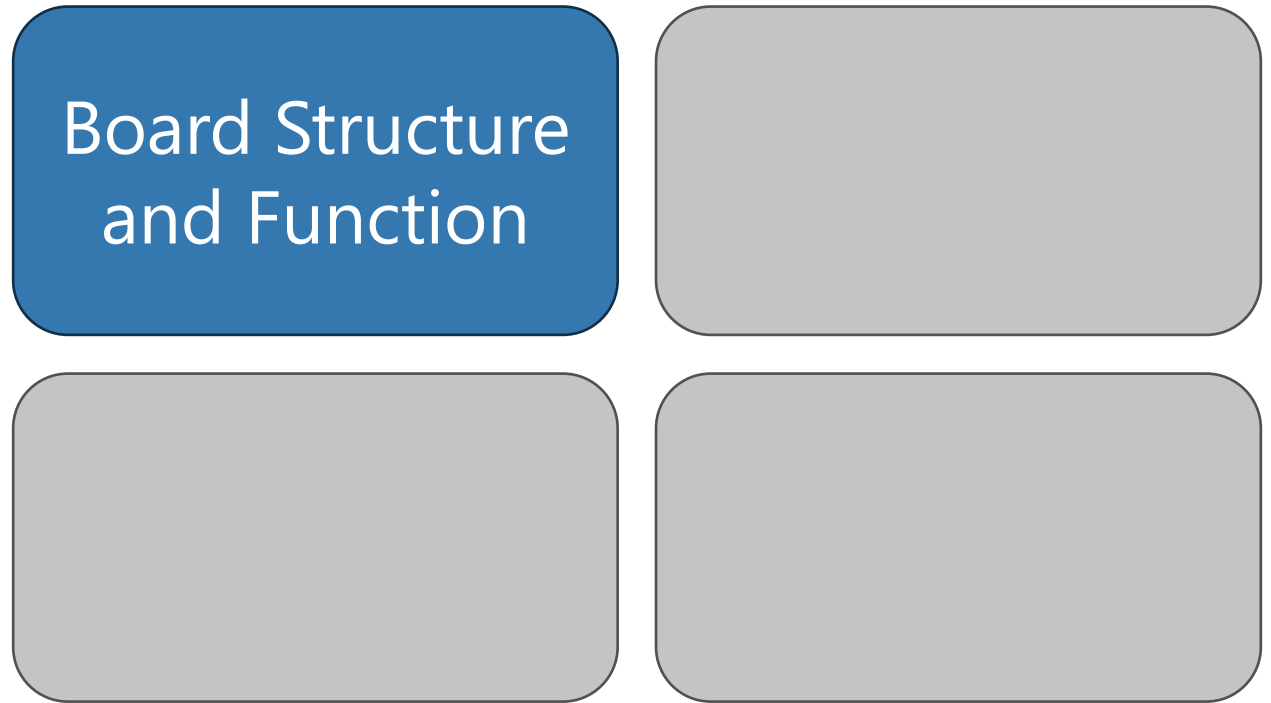
Reproductive
Care

Occupational
Licensure Reform



Which was the most common bill topic tracked in 2024?

Board Structure
and Function





Board Structure & Function

FSMB is tracking 255 bills in 42 states impacting board structure and function

Highlights of these bills are:

- Effective October 1, Utah's Medical, Osteopathic, and PA Boards merged into Utah Medical Licensing Board
- Idaho BOM's advisory boards (respiratory therapy, dietetics, naturopathy, etc.) consolidated into "allied health advisory board"
- New Hampshire's licensing responsibility transferred from BOM to Office of Professional Licensure and Certification
- Disciplines added to Board purview:
 - South Carolina -- Genetic Counselors
 - Washington -- Anesthesiologist Assistants
 - DC -- Medical Radiation Technologists
- Disciplines removed from Board purview:
 - DC -- Acupuncturists and Naturopathic Physicians (Board of Integrative Health)

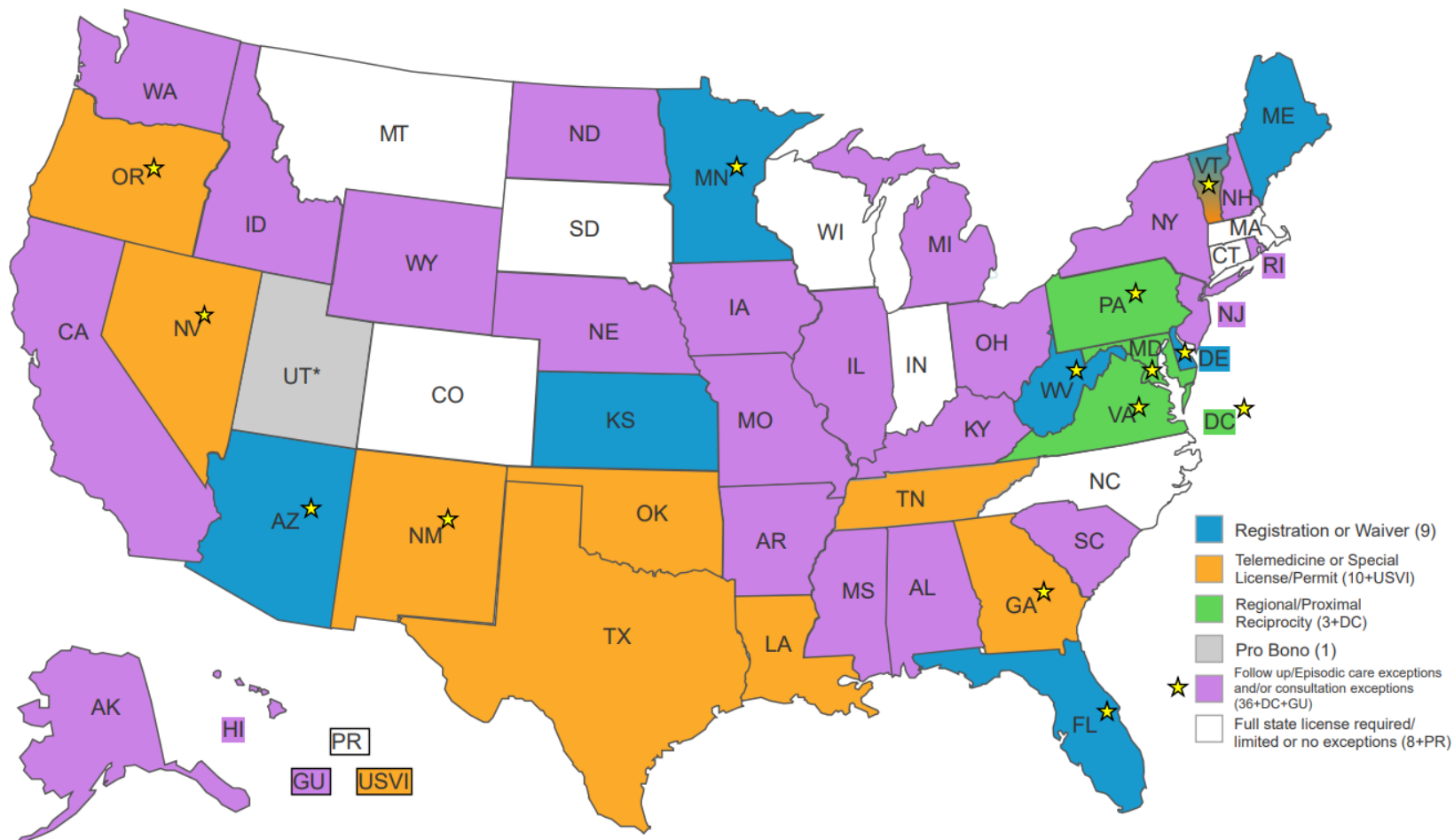
Telemedicine Flexibilities

FSMB is tracking 54 bills to date in 2024 concerning telemedicine, including bills related to:

- Audio-only telemedicine
- Services provided via telemedicine
- Additional healthcare professionals providing care
- Licensure exceptions
- Payment parity
- Standard of care
- Reimbursement for FQHCs and CHCs
- Pilot programs



Special Interstate Telemedicine Licensure



Artificial Intelligence (AI)

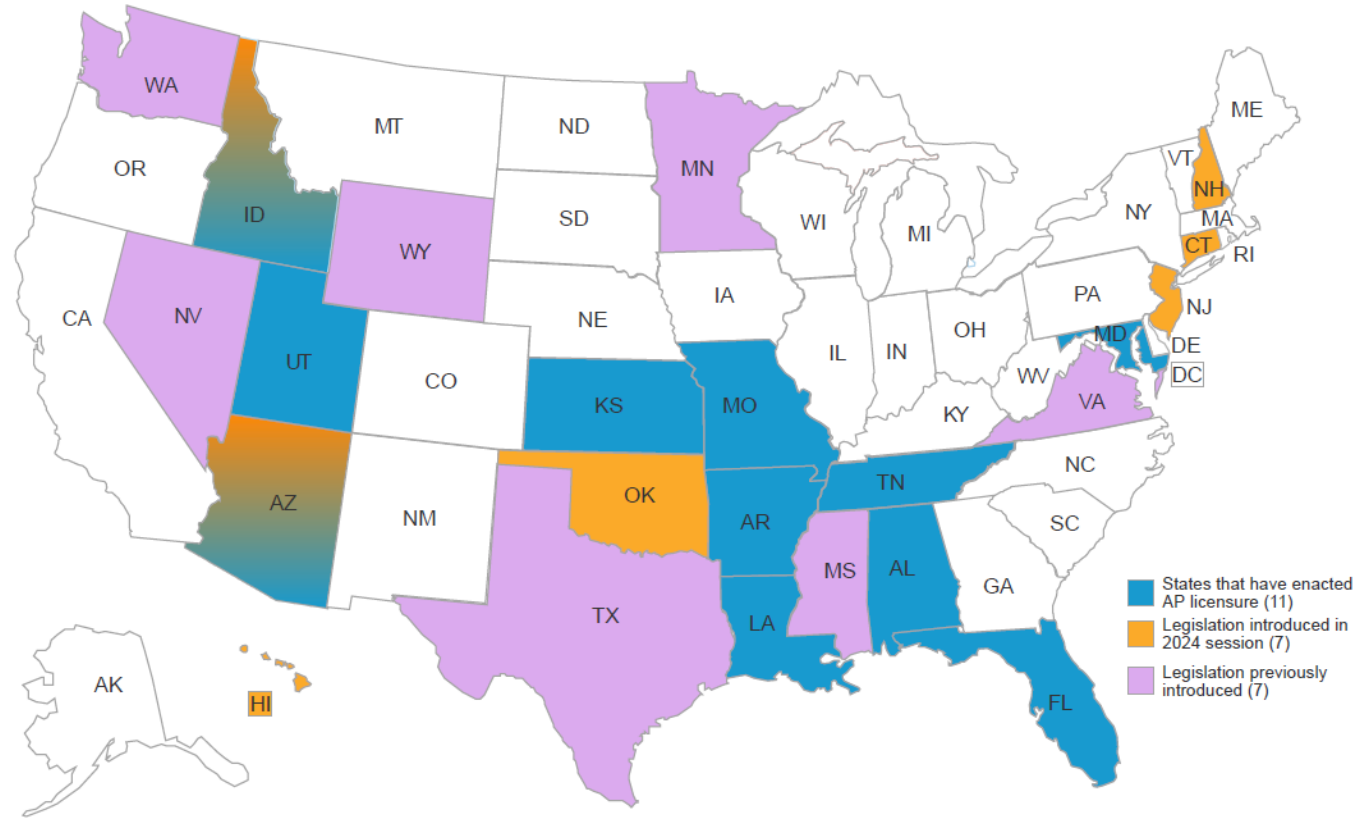
FSMB is tracking 13 bills to date this year concerning AI, including the following enacted bills:

- **California AB 1120** - Enacted Sept. 28, requires AI in utilization reviews to be based on patient-specific data with physician oversight and prohibits replacing healthcare decisions or discriminating. It also mandates transparency, audits, and proper use of patient data.
- **Colorado SB 205** - Enacted May 17, requires that by Feb. 1, 2026, those deploying certain AI systems must publish a statement outlining the types of systems used, risk management practices, and notify consumers when AI is used in decisions, including in healthcare. The law also defines "algorithmic discrimination."
- **Utah SB 149** - Enacted Mar. 13, requires regulated occupations, including healthcare professionals, to disclose when generative AI is used in services, both verbally and electronically, before its use. The specifics of this disclosure remain unclear.



Associate Physicians

- Since 2014, 11 states have enacted legislation creating a new category of licensure for medical school graduates not in a residency program called "Associate/Assistant Physicians," "Bridge Year Graduate Physicians," and "Graduated Registered Physicians," among others
- Specifics of license differ by state regarding requirements, supervision, length of eligibility, and number of renewals
- In 2024, legislation was enacted in Maryland and Florida
- In 2024, legislation was proposed in Arizona, Connecticut, Hawaii, Idaho, New Hampshire, New Jersey, and Oklahoma



Additional IMG Licensure Models

Several states are looking at ways to modify traditional post-graduate training requirements for licensure of physicians who completed training internationally.

Significant attention has been paid to Tennessee legislation enacted in April 2023, which allows the Board to grant a provisional license to qualified IMGs who have:

- Demonstrated competency as determined by the board
 - Completed a residency program in the country of licensure or practiced for at least three of the last five years, and at least five years overall
 - In good standing with the regulatory body in the country of licensure
 - Has an employment offer as a physician at a TN healthcare facility that operates an ACGME residency program
- Other requirements, including completing USMLE, remain
- Provisional licenses shall transfer to a full, unrestricted license after two years if the physician is in good standing



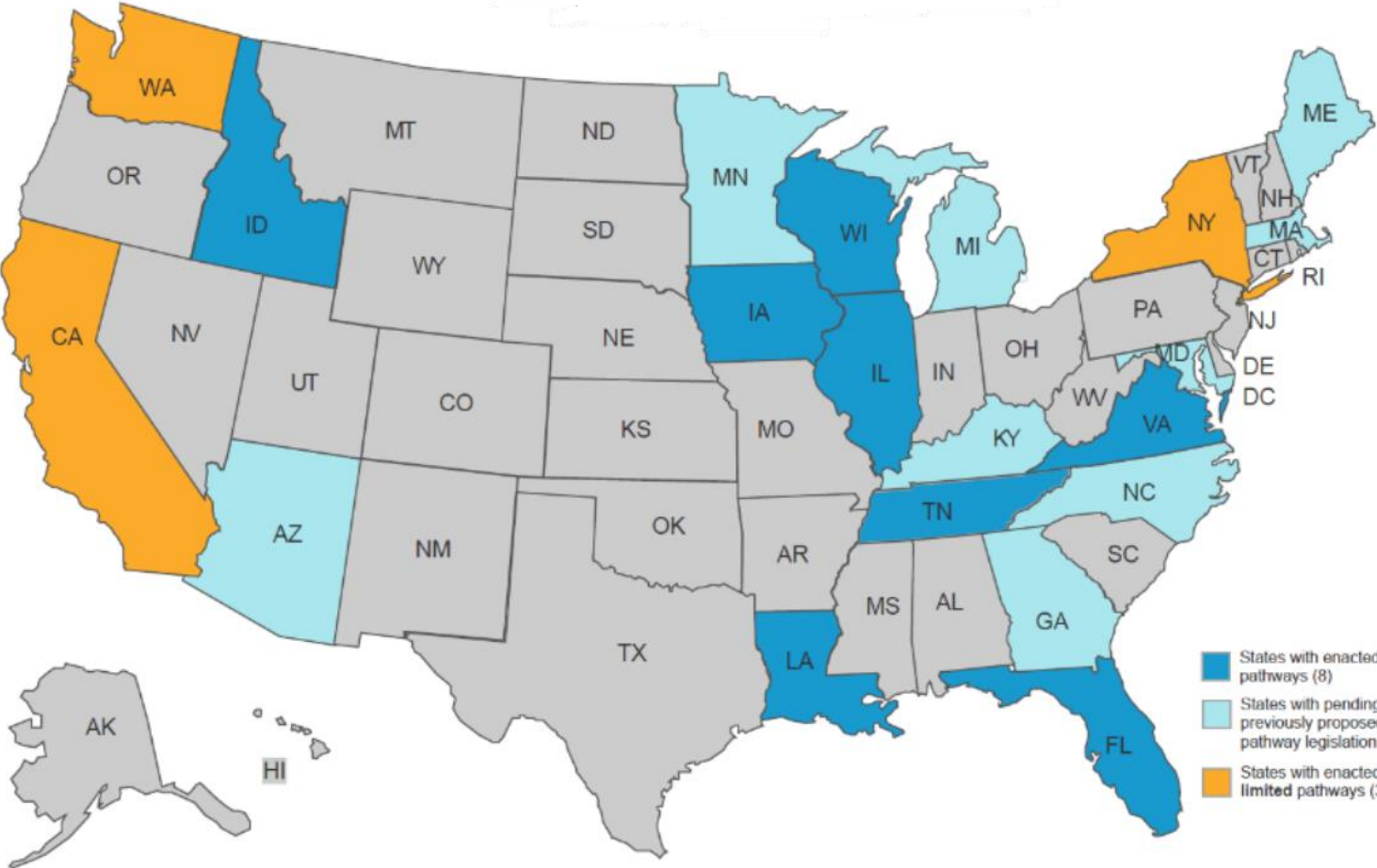


Additional IMG Licensure Models

Generally, the legislation has the following core components, but differ state by state:

- Graduation from Medical School
- Completion of Post-Graduate Training
- License/Authorization to Practice in Another Country
- Limitation on Time Out of Practice
- Offer of Employment Prior to Application to an Additional Pathway
- Temporary Provisional Licensure Prior to Eligibility to Apply for Full and Unrestricted Licensure
- Eligibility for Full and Unrestricted Licensure
- Rulemaking Authority Delegated to the State Medical Board
- Standard Reporting Requirements

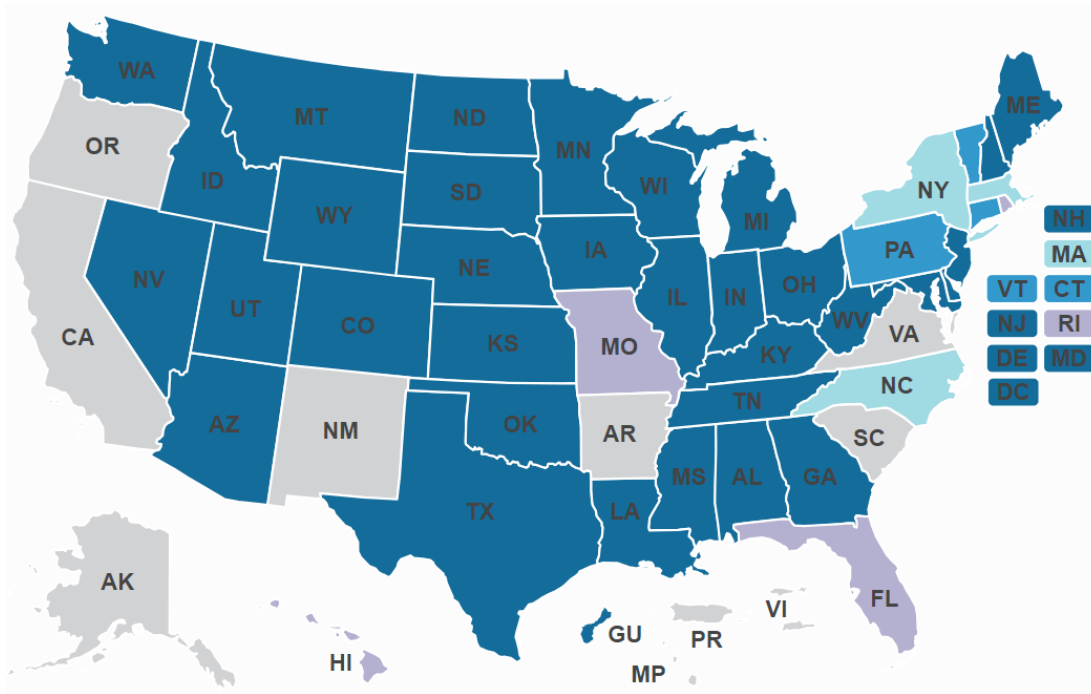
Additional IMG Licensure Models



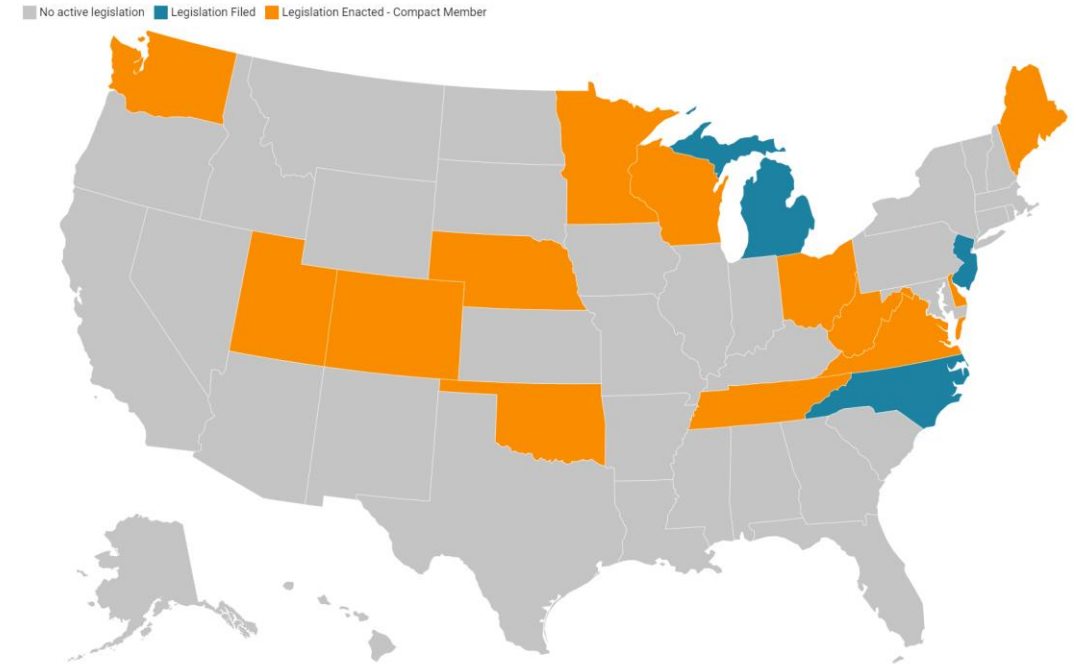
State-by-State Overview



Licensure Compacts – IMLC & PA Compact



- **Interstate Medical Licensure Compact** is enacted in 40 states, DC, and Guam



- **PA Licensure Compact** is enacted in 13 states

Licensure Compacts – Other Compacts

Enhanced Nurse Licensure Compact (eNLC)

- Effective 2018
- 40 states, Guam, and Virgin Islands

APRN Compact

- Not effective until 7 states enact
- 4 states are Members

EMS Compact

- Effective October 2017
- 24 states are Members

Occupational Therapy Licensure Compact

- Effective 2018
- 31 states are Members

Physical Therapy Licensure Compact

- Effective April 2017
- 33 states and DC are Members

Psychology Interjurisdictional Compact (PYSPACT)

- Effective April 2019
- 38 states, DC, and CNMI are Members



Licensure Compacts – Other Compacts

Audiology and Speech-Language Pathology Interstate Compact

- Effective January 2022
- 34 states are Members

Dental and Dental Hygienist Compact

- Effective April 2024
- 10 states are Members

Dietitian Licensure Compact

- Not effective until 7 states
- 3 states are Members

Interstate Massage Compact

- Not effective until 7 states enact
- 2 states are Members

Respiratory Therapists Compact

- *In Development*

Athletic Trainers Compact

- *In Development*

Interstate Podiatric Medical License Compact

- *In Development*





Federal Legislation and Regulations

States Handling Access to Reciprocity for Employment (SHARE) Act, H.R. 1310

The SHARE Act would remedy the barrier that healthcare professional licensure compacts have faced regarding the authority to conduct the statutorily required criminal background checks.

- Introduced by Reps. Mann (R-KS) and Neguse (D-CO), and 26 bi-partisan sponsors/co-sponsors
- Explicitly directs the FBI to provide criminal history records information to state licensing authorities for individuals seeking a license or privilege to practice in a compact member state
- Expressly permits sharing that the criminal background check was completed





DEA Telehealth Rules

On October 6, 2023, the Drug Enforcement Agency (DEA) extended the ability to prescribe controlled substances via telehealth through 2024

- DEA allowed controlled substances to be prescribed via telehealth under a waiver put in place during the COVID-19 pandemic
- In August 2024, it was reported that the DEA was poised to propose new regulations that significantly scaled back that ability
- The reported rules would have limited providers to prescribing no more than 50% of medications virtually, mandated Prescription Drug Monitoring Program (PDMP) checks, and barred the virtual prescribing of Schedule II drugs (like Adderall and methadone) without an in-person visit. Schedule III-V drugs (such as buprenorphine and testosterone) could be prescribed virtually for an initial 30-day period but would require an in-person visit for refills.
- Recently, it was reported that the DEA would extend the temporary waivers at the end of 2024, but the time frame and any additional requirements are unknown.



Federal Telemedicine Legislation

FSMB has tracked 238 bills to date in the 118th Congress concerning telemedicine flexibilities and issues, including:

- Defining telemedicine for payment purposes
- Delivering virtual care across state lines during emergencies, for continuity of care, and for medically-complex conditions
- Easing access to OUD treatment
- Allowing more healthcare professionals to provide care
- Reimbursing FQHCs and Rural Health Clinics
- Permanently removing geographic and originating site restrictions for payment

Regulating AI

Federal agencies and Members of Congress have expressed ongoing interest in regulating AI:

- 370 bills regarding AI introduced in 118th Congress
- Numerous Congressional hearings held on the application of AI in a variety of sectors

The White House released an Executive Order on AI standards in October 2023

- Promoted responsible use of AI in healthcare, fight AI-enabled fraud and deception by establishing standards and best practices for detecting AI-generated content and authenticating official content, and addressing algorithmic discrimination.

FSMB's Ethics and Professional Committee hosted an AI symposium on January 17, 2024.

FSMB's House of Delegates adopted the "Navigating the Responsible and Ethical Incorporation of AI into Clinical Practice" in April 2024



US Supreme Court

Several Supreme Court decisions have impacted the healthcare space in recent years, most prominently *Dobbs*, which led to sweeping changes in state law.

2024 Decisions:

- *Loper v. Raimondo* – Overturned *Chevron* deference, which gave Federal agencies latitude interpreting statute, had been used to uphold Federal agency rules and regulations since 1984
- *Corner Post v. Board of Governors* - Claims under the *Administrative Procedure Act* challenging agency actions first come into being when the plaintiff is injured by a final agency action, rather than broad, six-year deadline after the action is finalized.
 - These two decisions will likely lead to a significant increase in lawsuits challenging administrative regulations, including those regarding healthcare, at the Federal and state level.
- *Moyle v. U.S.* – Dismissed case effectively allowing abortions in medical emergencies in Idaho and reinstating a lower-court ruling that had halted Idaho's near-total ban on abortion, which is at odds with the Federal *Emergency Medical Treatment and Labor Act* (EMTALA)

2025 cases: *U.S. v. Skrametti* challenges a Tennessee law that bans gender-affirming medical care for minors, with plaintiffs arguing the law violates the Equal Protection Clause of the Fourteenth Amendment by discriminating based on sex





Working With State Legislatures and Congressional Delegations



Advocating For Your Board

- Build relationships as appropriate in your state
- Position the board as a credible resource
- Stay informed on legislation and regulations
- FSMB assistance on state and federal issues

Questions & Answers



**U.S. Medical Regulatory
Trends & Actions Report**



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